

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES45th 10/04/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445494	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2014
---	---	--	---

NAME OF PROVIDER OR SUPPLIER

LIFE CARE CENTER OF RHEA COUNTY

STREET ADDRESS, CITY, STATE, ZIP CODE

10055 RHEA COUNTY HIGHWAY
DAYTON, TN 37321

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

K 062 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain sprinkler heads in a manner designed for operation. The finding includes:

Observation and interview with the maintenance director, on August 18th, 2014 at 10:14 a.m., revealed a sprinkler head completely recessed into the ceiling of the exterior porch area near the MDS exit door. This sprinkler head does not have the minimum 1" clearance between the deflector and ceiling.

This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on July 18, 2014.

K 062

1. The sprinkler head was repaired and in compliance on 08/30/2014.
2. A sprinkler head inspection of the entire facility was completed on 09/02/2014.
3. Maintenance will complete a monthly audit of sprinkler heads for compliance for the next 3 months.
4. The Nursing Home Administrator will report results for compliance to the performance improvement committee which consist of the Nursing Home Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Human Resource Director, Dietary Manager, Admissions Director, Business Office Manager, Housekeeping/Laundry Director, Activity Coordinator, Health Information Manager, and Maintenance Director.

9/18/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X5) DATE

[Signature]

ED

9/18/14

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.